

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035107  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

4051

Registrar's No.

652

FILED SEP 30 1963

## 1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Hallsville, Missouri

Length of stay in 1b  
4 1/2 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Hartley Nursing Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY  
OR  
TOWN Columbia, M

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)  
106 Lathrop Road

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First  
JEANETTE

Middle

Last  
SHELDON

## 4. DATE OF DEATH

Month Day Year  
9 21- 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-29-1873

## 9. AGE (last birthday)

90

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Edgerton, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Dudley Mitchell

## 13b. MOTHER'S MAIDEN NAME

Frances Shackelford

## 14. NAME OF HUSBAND OR WIFE

Dr. T. R. Sheldon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Jack Nowell Columbia, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

myocardial decompensation 4/22

## INTERVAL BETWEEN ONSET AND DEATH

4 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

senile debility

### DUE TO (c)

emaciation and malnutrition 7/5 2865

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY STATE

21. I attended the deceased from April 1959 to 9-14-63 and last saw her alive on 9-14-63  
Death occurred at (9-24-63) 11:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Walter Sparks

D.O.

22b. ADDRESS 311 Christian college Ave. Columbia, Mo.

22c. DATE SIGNED 9-25-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9-26-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Columbia, Cemetery

## 23d. LOCATION (City, town, or county)

Columbia, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Parkers Funeral Service Columbia, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

Sept 25 1963

## 26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald L Roberts*

Licensed Embalmer No.

*4722*

P. O. Address

*Columbia Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.